

**OFFICE OF STATEWIDE REPORTING AND ACCOUNTING POLICY
VENDOR TRAINING REQUEST FORM**

TRAINEE INFORMATION <i>(please print)</i>		
Name: SSN: Department Name: Agency Name: Street/P.O. Box: City and Zip: User ID:	Phone: Fax: Agency #: Dates Unavailable for Training:	
<i>Place a check (T) beside the date and course(s) that individual wishes to attend.</i>		T
November		
11/15	8:00 AM – 4:00 PM	
11/16	8:00 AM – 12:00 PM	
December		
12/8	8:00 AM – 4:00 PM	
12/9	8:00 AM – 12:00 PM	
January		
1/25	8:00 AM – 4:00 PM	
1/26	8:00 AM – 12:00 PM	
Agency Fiscal Officer/Training Coordinator Approval	Date	Phone

DEADLINES:

November Classes	10/29/99
December Classes	11/26/99
January Classes	01/07/00

Completed forms may be sent by **mail** to: Ms. Jennifer Harrell
Office of Statewide Reporting and Accounting Policy
P. O. Box 94095
Baton Rouge, LA 70804-9095

Messenger mail to: 1051 North Third Street (Capitol Annex), 1st
Floor

FAX to: 225-342-1053